



A little guide to glimmers:

- glimmers are the opposite of triggers.
- they are tiny moments of awe.
- they spark joy & evoke inner calm.
- they have a positive effect on our mental health.
- they are micro-moments causing tiny mood shifts.
- they send cues of safety to our nervous system.
- they bring feelings of ease & contentment.
- our body responds with positive energy.
- they allow us to feel hope when lost.
- our nervous system is strengthened by them.
- they can help increase our well-being.
- once we start embracing them it can become a beautiful way to see the world around you.

@h.e.l.e.n.m.a.r.i.e



When working with students:

- We all process sensory input differently.
- If possible, ask/try to find out about experiences with prior educators, therapists and other medical professionals.
- Internalized ableism, learned helplessness, grief, shame, impacts from stigma, difficulties with boundaries, and issues around trust and control are likely to come up, can present as “behavior problems”.
- Students may need help with embodiment, discerning what sensory input triggers pleasant and unpleasant sensation.
- Invite conversation (one-on-one and group) about sensory access needs even if there is no formal diagnosis.
- Questions when to disclose and how to disclose also likely to come up.

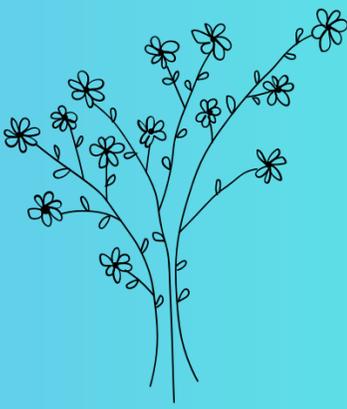


When working with students:

- Due to stigma and shame, discussing sensory issues might bring up intense emotions, emotional reactions. (which in turn can lead to an emotional hangover)
- Address social, emotional, and coping skills. (neurodiversity affirming)
- Teach vocabulary to enhance communication, self advocacy (with others and with themselves).
- Gender norms can inform perception of sensory processing and autism.
- Learning about sensory processing can be relieving and illuminating.
- Provide space for individuals to discuss how others perceive their experiences- individual might be fine but it is the expectations that is creating harm.
- For individuals who experience sensory input differently (possibly intensely) social situation can be difficult- understand that individuals who want to connect with people need safe opportunities to do so. Help individuals find safe environments and people they can connect with a way that is meaningful for them and others (adapted from Thompson, 2023).



When working with students:



- Note the lens with which you view behavior.
- Watch your own assumptions about the student/be mindful of internalized ableism. (can come across as belligerent, not paying attention, over reacting)
- Try to understand an individuals visceral experience of the world.
- Students are experts of their subjective experience.
- Sensory processing treatment plans often include collaboration with occupational therapists, physical therapists and speech therapists.
- Identify competing sensory needs.
- Sensory issues are a key contributing factor to Autistic burnout.





Sensory Processing and Sex

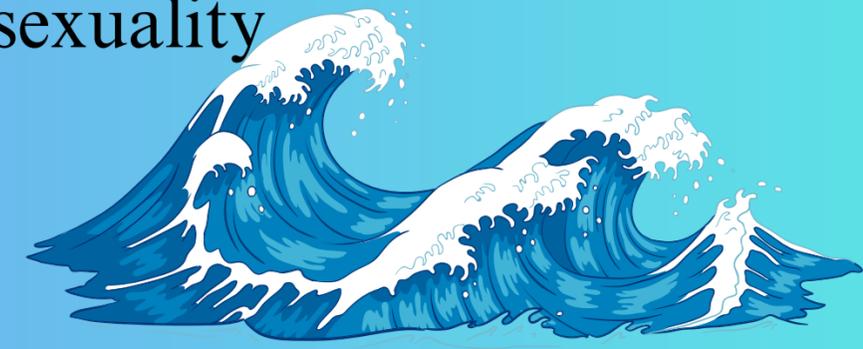
- “Sexual arousal is a multi-sensory experience, and sensory impairment in general is linked to some sexual difficulties,” (Lehmiller from Kohn, 2021).
- Can have profound effect on relationships, sex and sexuality- it can enhance or make more difficult depending on type and intensity.
- Some utilize BDSM to address sensory needs, need for control.
- Sensory processing differences and challenges (depending on type and intensity) can impact ability to stay focused and present during sex. (worry about partner, disembodiment, sensory gating)
- Often individuals with sensory processing differences and challenges have experienced a lot of rejection, shame.
- Many experience shame, anxiety around not being able to please their partner.
- Avoidance of sex, emotional walls around sexuality.





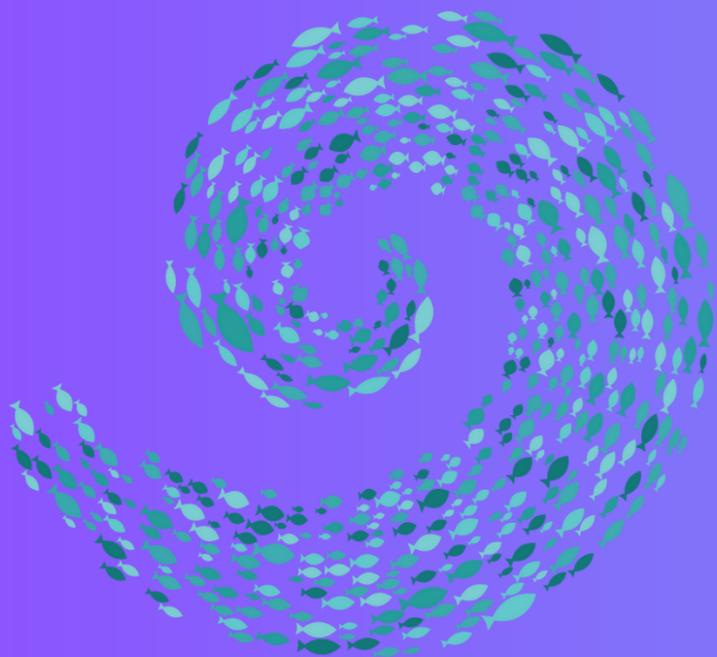
Sensory Processing and Sex (cont.)

- Unaddressed sensory processing differences and challenges can create unhealthy relationship dynamics/Be mindful of emotional labor imbalances.
- Unaddressed sensory processing differences and challenges can create emotional barriers that inhibit seeing the other as sexual.
- Meltdowns and shutdowns can be misinterpreted as immaturity, attention seeking.
- Sensory differences and challenges can be misinterpreted as manipulation tactics.
- Sensory differences and challenges have implications in terms of consent, boundaries, and how we teach sex education.
- If you treat sensory symptoms as not valid there will be push back- partners/family members need to acknowledge the importance of addressing sensory issues.
- Few resources for teens or adults on the intersection of sensory issues and sexuality





“We can think of the autonomic nervous system as the foundation upon which our lived experience is built. This biological resource is the neural platform that is beneath every experience. How we move through the world—turning toward, backing away, sometimes connecting and other times isolating—is guided by the autonomic nervous system.” (Dana, 2019)





Nervous System

Central Nervous System
(CNS)

Sensory
Motor

Peripheral Nervous System (PNS)

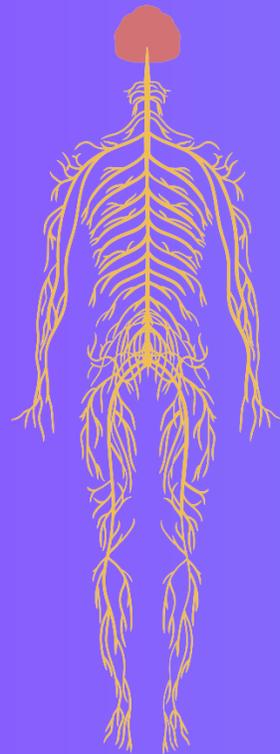
Somatic Nervous System

Autonomic Nervous System

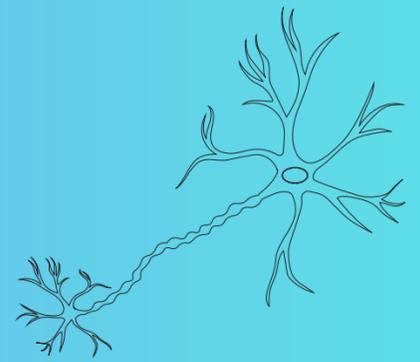
Sympathetic
Nervous System

Parasympathetic
Nervous System

Enteric Nervous
System



Neuroception



- Ongoing process through which the ANS evaluates information from our senses about our environment and the state of our body. (threat detection)
- Subcortical (below awareness). (automatic, not something you think about)
- We have an embodied way of experiencing emotional safe/not safe that is independent of conscious awareness (Badenoch, 2018, pp. 64).
- Can match or mismatch level of risk.
 - Anxiety response in a safe situation
 - Inability to activate defense response in unsafe situations
- While it occurs without conscious awareness, we can bring conscious perception to our experience.

“Calm and regulated are not the same. Regulated means you have access to your cortex, it means you have the energy to match the task at hand. Being dysregulated is not a choice it is an involuntary physiological state.” (Gaddy, 2023)



Neuroception (cont.)

“When neuroception occurs, we try to generate a narrative to explain why we have the feelings that were triggered. Interestingly, although we are not aware of the cues that trigger neuroception, we are frequently aware, via interoception, of the physiological reactions that were elicited by neuroception.” (Porges, 2017, p. 143)



Neuroception (cont.)

“Safety is a state of being that is enjoyed- and indeed, expected- by only a select few in American and Western European societies, namely, white, cis, straight, high SES folx. Everyone else moves through a world that is, at least to some extent, unsafe and precarious.” (Fielding, 2021, p. 114)

“Safety is, I believe, an inherently classed, raced, and gendered experience that frequently runs the risk of being used for regressive ends- ironically, for restricting the freedoms of the vulnerable, those who are never really safe. Often, we see the call for safety actually reinforce the power of oppressive institutions, like the police and the prison system, in our lives. When we choose safety over liberation, our movements fail.” (Thom, 2019, p. 22)



Neuroception (cont.)

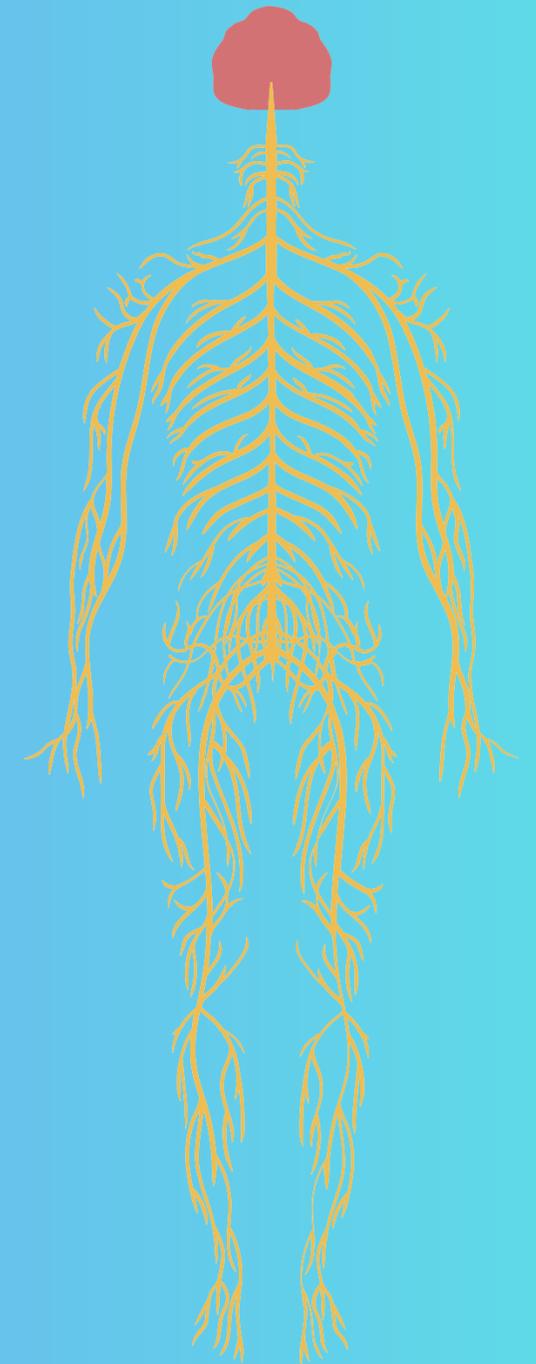
“When autistic people struggle to access their social engagement system, it is NOT because our nervous systems are inherently flawed, it is because we lack safety.

My autistic social engagement system functions as it was designed to.

Even the parts that have shut down to protect me from trauma are functioning exactly as they should. Shutdown of my social engagement system in response to trauma or lack of safety is not dysfunction.

Your attention would be selective too if your social engagement system perceived the nonverbal energetic level of consciousness all the time. If you could sense what I sense, your body would heavily rely on the dorsal vagus programs for disconnection so that you could rest.

If you want to help autistic people access social engagement more often, start with assuming their system is functional and look for the myriad subtle cues in their environment that are screaming “not safe” to a hyper-sensitive social engagement system.” (Elisabeth, 2020)



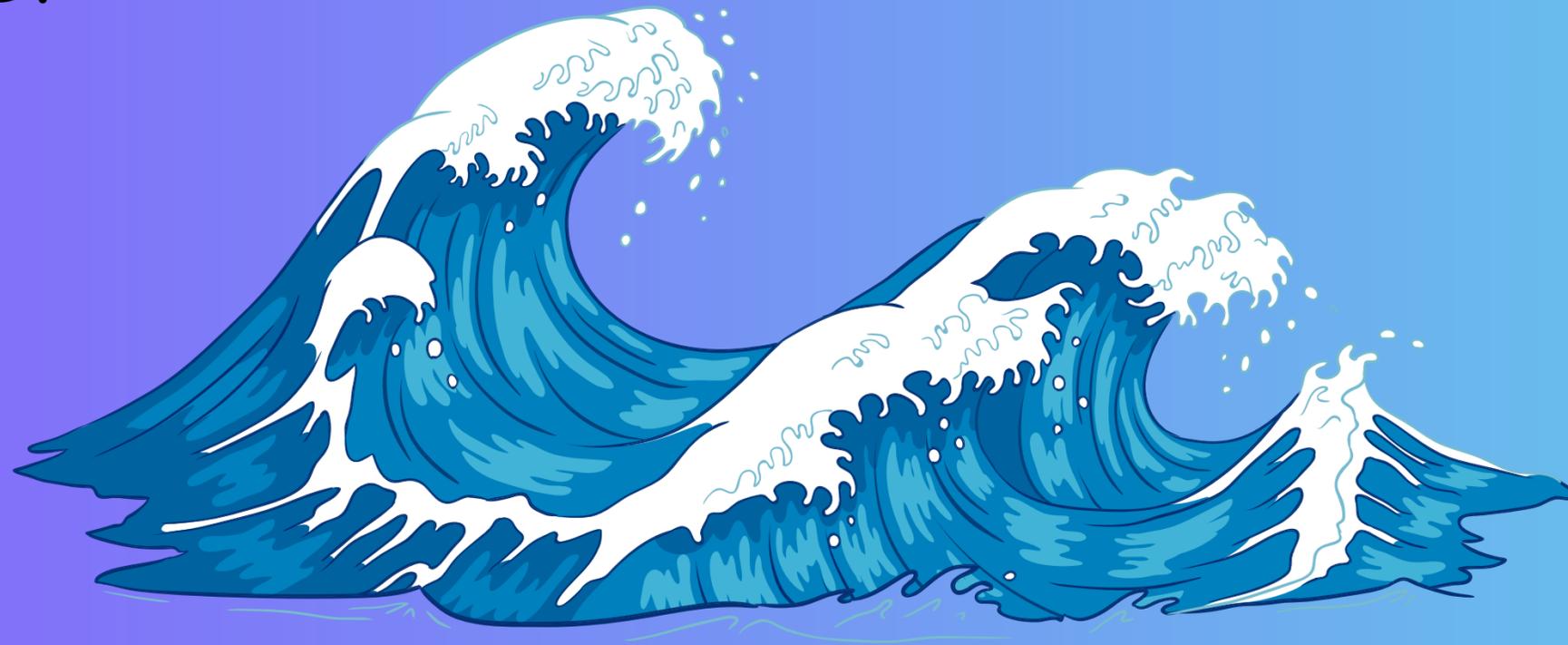
Trauma

- Trauma is any event that overwhelms the nervous systems resources and ability to regulate.
- Trauma results when the energy called up to address a perceived threat is thwarted from completing its cycle.
 - That is the complete stress response cycle, with beginning (“I’m at risk!”), middle (action), and end (“I’m safe!”)” (Nagoski, 2021, pp. 115).
- Research has shown that stress and trauma negatively impact quality of life and quality of relationships and make it more difficult to relate to others (engage in social behavior) and maintain relationships.



Trauma (cont.)

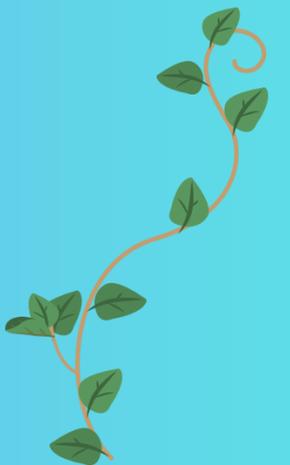
- Research indicates that trauma symptoms and Autistic symptoms look similar.
- Certain populations, such as Autistics, are more sensitive to potential traumas and stressors.
- Currently there isn't an exact percentage of how many Autistics are struggling with trauma or PTSD.





Summary

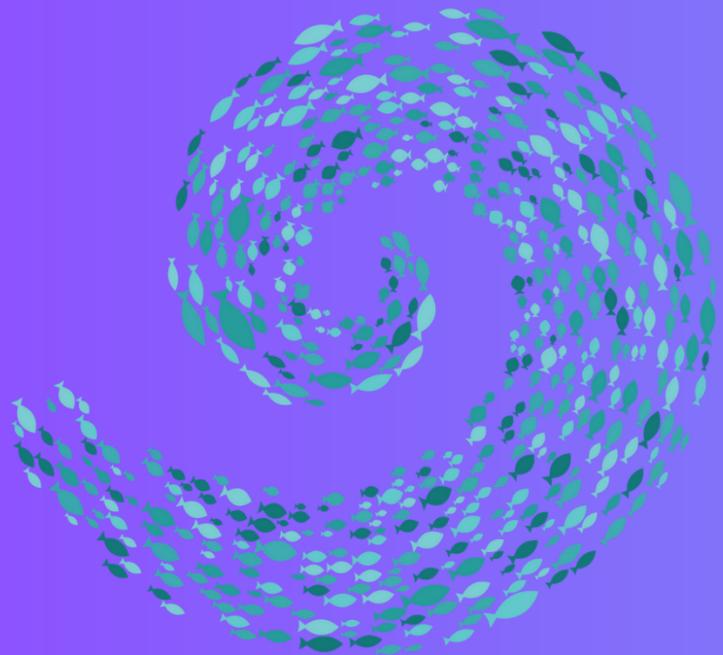
- Addressing nervous system activation/dysregulation in general is key to quality of life (Nagoski, 2021; Porges, 2011).
- In order to negotiate and navigate environment and relationships need a felt sense of safety (neuroception).
- For a number of reasons, Autistics are more likely to experience trauma and to struggle with unprocessed trauma.
- Trauma and nervous system activation/dysregulation all have a significant impact on sexuality.



3 strategies of a trauma informed approach

- Recognize how common trauma is, and understand that every student may have experienced serious trauma.
- Avoid medicalizing, pathologizing language and focus on strengths rather than pathology.
- Create a safe environment:
 - Modulating sensory input- ex: remove low-frequency sounds and background noise (noisy environments) as much as possible
 - Helping students recognize sensory access needs
 - Teaching students how to regulate, provide accessible language around the nervous system





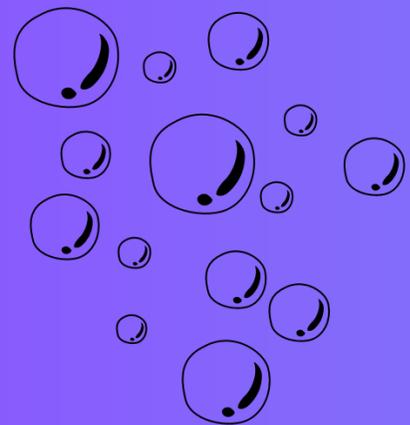
“When we join in with our clients deep interests and moments of sensory delight by this process of being immersed in a ventral vagal state of safety there’s more availability for relational connection and freedom. We can make possible a shared experience and a mutual delight as a vehicle for being more open to ease in social cohesion.”
(Secombe, 2023)





“Being trauma-informed goes beyond merely discussing trauma; it involves recognizing the capacity for recovery, preventing re-traumatization, and incorporating specific principles into our policies, procedures, and practices. These principles include safety, trustworthiness, collaboration, peer support, voice choice, self-agency, and cultural humility.”

(Ndefo, 2023)





Q & A

